
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

State of Idaho, Department of Health and
Welfare, Division of Child Support
Enforcement,

Petitioner,

vs.

and _____
Co-Respondents.

Case No. _____

ORDER ALLOWING
INTERVENTION

This matter came before the Court on the ☐ mother's ☐ father's Motion to Intervene. It is
ORDERED ☐ mother ☐ father named _____ may intervene in this
case and file documents reflecting herself/himself as a Co-Respondent. The case caption shall
name both parents as Co-Respondents.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Date: _____

Deputy Clerk